

Verdi & Ogletree PLLC

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June 15, 2023

VIA ECF

Honorable Andrew L. Carter, Jr.
United States District Court
Southern District of New York
40 Foley Square, Room 435
New York, New York 10007

Re: *Look Above, LLC v. PPE Solutions Group, LLC* No. 1:22-cv-03418

Dear Judge Carter:

On June 1, 2023, Plaintiff's counsel filed a letter with the Court seeking, among other things, an order enforcing the settlement agreement reached between the parties and compelling PPE Solutions Group, LLC ("PPE") to make the May 15, 2023, installment payment. (Doc. # 25.) PPE has wired the installment payment that was due on May 15, 2023, together with the installment payment that was due today, June 15, 2023, to Plaintiff's counsel's IOLTA account. (*See* Proof of Wire, attached at Ex. 1.) As such, at this time, PPE is in compliance with the settlement agreement.

Because PPE has now complied with the terms of the settlement agreement, PPE respectfully requests that the telephonic hearing scheduled for tomorrow at 12:00 p.m. be cancelled.

Sincerely,

/s/ Kerry Brainard Verdi

Kerry Brainard Verdi

cc: Counsel of Record (via ECF)

BRANCH NO. AND NAME: 744		DATE/TIME RCVD: 6/15/23/4:02 PM		PROCESSING: <input type="checkbox"/> SAME DAY <input checked="" type="checkbox"/> NEXT DAY	
WIRE AMOUNT 송금액 <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International	Transfer Amount US \$ 10,000 ⁰⁰	Transfer Fee US \$ 28 -	Foreign Currency ONLY Foreign Currency Type Foreign Currency Amount		
	International Consumer Wire (Dodd Frank) <input type="checkbox"/> Wires Only: In USD Only (Do Not Convert) <input type="checkbox"/>	Debit Account: <input checked="" type="checkbox"/> DDA <input type="checkbox"/> SAV 5594	US\$ Equivalent Amount Exchange Rate US \$		
	Purpose of wire transfer for \$5,000 or over/ANY Legal Invoice		Rate Source <input type="checkbox"/> Rate Sheet <input type="checkbox"/> FX Desk Quoted By (if FX Desk)		
ORIGINATOR (SENDER) 송금인	Name: 성명 PTE Solutions Group LLC		Reference No. (Optional)		
	<input checked="" type="checkbox"/> Address on Bank file is Current. <input type="checkbox"/> Current Address is Different (Complete address below and Submit Change Request Form).				
INTERMEDIARY BANK 중간 은행	Name: 은행명		ABA Routing No/SWIFT Code: 은행 고유번호		
BENEFICIARY'S BANK 수취 은행 Domestic: ABA (9-Digits) International: SWIFT (8-Digits Minimum)	Name: 은행명 JP Morgan chase		ABA Routing No/SWIFT Code:		
	Domestic ABA/Routing No 은행 고유번호 021000021		International SWIFT Code		
BENEFICIARY (RECIPIENT) 수취인	Address: 은행주소 390 Madison Ave, NY, NY, 10017		Country: 국가명 USA		
	Name: 성명 Sabino & Sabino P.C.		For FX wire: CLABE account number is required for Mexican banks. IBAN account number required for European banks. Insufficient beneficiary information may result in delay and/or additional fees if the wire is returned.		
INSTRUCTION 기타 지시사항	Account No: 계좌번호 811		Phone No: 전화번호 516-294-3199		
	Address: 주소 92 Willis Ave, 2nd floor Minneapolis, New York, 11501		Country 국가명: USA		
SIGNATURE OF ORIGINATOR 송금인의 서명	The originator (sender) agrees to all the terms and conditions of the Wire Transfer Agreement on the reverse side of this request, and hereby authorizes Bank of Hope to debit the wire transfer and fee amount from the account indicated above. To the extent not prohibited by law, the originator agrees that this wire transfer is irrevocable and that the sole obligation of Bank of Hope is to exercise ordinary care and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this wire transfer.				
x <u>Joe</u> : BC Date (날짜): June 15, 2023					

BANK USE ONLY					
VERIFICATION for In-Person at Branch					
Account Holder: <input type="checkbox"/> ID <input type="checkbox"/> SSN <input type="checkbox"/> DOB <input checked="" type="checkbox"/> Known to branch		Conductor Name:		DOB:	
		ID Type/Number:		Exp. Date:	
AUTHORIZATION VERIFICATION for Remote Requests [] Facsimile [] Delivery by Agent on Behalf of Originator					
Telephone No. Called:		Date/Time:		<input type="checkbox"/> ID <input type="checkbox"/> SSN <input type="checkbox"/> DOB <input type="checkbox"/> MMN <input type="checkbox"/> Sec Code	
Name of the customer contacted:		Received by: (Name/Initial)		Verified by: (Name/Initial)	
Processed/Approved by (TWO or more approvals REQUIRED if over \$250K)		Request Received and Processed By Brian Chan/BC	Approval for request up to \$250,000 Selim/PM	2nd Approval for request over \$250,000 ID - Nemo1	Executive Management Regional Management #6400655594
WIRE DEPARTMENT USE ONLY					
Entered by: (Name/Initial)		Verified by: (Name/Initial)		Memo:	

CUSTOMER COPY

Revised 03/2023

EXHIBIT 1